

**Preschool/School Supportive Health Services Program (SSHSP)
Provider Qualifications and Documentation Requirements**

NOTE: To be Medicaid reimbursable services must be: signed, dated and delivered by an approved Medicaid service provider¹ acting within his/her scope of practice; the encounter must be documented to support Medicaid claims; and it must be included in the IEP. Supporting documentation must be retained for a minimum of six (6) years from the date the service was furnished or billed, whichever is later.

SERVICES ²	ORDERING/REFERRING REQUIREMENTS FOR MEDICAID REIMBURSEMENT	APPROVED MEDICAID SERVICE PROVIDER	DOCUMENTATION REQUIRED FOR EACH ENCOUNTER FOR MEDICAID BILLING PURPOSES
Speech Therapy	Signed/dated written order or referral from a physician, physician assistant, nurse practitioner or speech-language pathologist (SLP) who is currently licensed, registered and/or certified as required Written order/written referral included in student's record	Currently licensed and registered SLP or a certified teacher of the speech and hearing handicapped (TSHH)/certified teacher of students with speech and language disabilities (TSSLD) operating under the direction of a licensed and registered SLP	Evaluation: Report ³
			Ongoing Therapy: Contemporaneous Session Notes ⁴
Physical Therapy	Signed/dated written order or referral from a physician, physician assistant, or nurse practitioner who is currently licensed, registered and/or certified as required Written order included in student's record	Currently licensed and registered physical therapist ⁵ or a certified physical therapy assistant (PTA) operating under the direction of a licensed and registered physical therapist ⁵	Evaluation: Report ³
			Ongoing Therapy: Contemporaneous Session Notes ⁴
Occupational Therapy	Signed/dated written order or referral from a physician, physician assistant, or nurse practitioner who is currently licensed, registered and/or certified as required Written order included in student's record	Currently licensed and registered occupational therapist or a certified occupational therapy assistant (OTA) operating under the direction of a licensed and registered occupational therapist	Evaluation: Report ³
			Ongoing Therapy: Contemporaneous Session Notes ⁴
Psychological Counseling	Referral by an appropriate school official, such as a school administrator or the chairperson of the CSE/CPSE or other licensed practitioner acting within his/her scope of practice Referral included in the student's record	Currently licensed and registered psychiatrist, psychologist, licensed clinical social worker (LCSW) or licensed master social worker (LMSW) operating under the supervision of a licensed and registered psychiatrist, psychologist or LCSW	Ongoing Therapy: Contemporaneous Session Notes ⁴
Skilled Nursing	Signed/dated written order or referral from a physician, physician assistant, or nurse practitioner who is currently licensed, registered and/or certified as required Written order included in student's record	Currently licensed and registered professional nurse (RN) or currently licensed and registered practical nurse (LPN) supervised by an RN, a physician, or other licensed and registered health care provider in accordance with the Nurse Practice Act	Medication Administration: Medication Administration Record (MAR)
			Other Services: Contemporaneous Session Notes ⁴

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SERVICES ²	ORDERING/REFERRING REQUIREMENTS FOR MEDICAID REIMBURSEMENT	APPROVED MEDICAID SERVICE PROVIDER	DOCUMENTATION REQUIRED FOR EACH ENCOUNTER FOR MEDICAID BILLING PURPOSES
Psychological Evaluation	Referral by an appropriate school official, other official, or other licensed practitioner acting within his/her scope of practice Referral included in the student's record	Currently licensed and registered psychiatrist or psychologist	Evaluation: Report ³
Medical Evaluation	Referral by CSE/CPSE documented as part of the IEP process	Physician, physician assistant or a nurse practitioner who is currently licensed, registered and/or certified as required	Evaluation: Report ³
Medical Specialist Evaluation	Signed/dated written order from a physician, physician assistant or nurse practitioner who is currently licensed, registered, and/or certified as required Written order included in student's record	Physician, physician assistant or a nurse practitioner who is currently licensed, registered and/or certified as required	Evaluation: Report ³
Audiological Evaluation	Signed/dated written order from a physician, physician assistant or nurse practitioner who is currently licensed, registered, and/or certified as required Written order included in student's record	Currently licensed and registered audiologist having a certificate of clinical competence (CCC) from the American Speech-Language-Hearing Association (ASHA)	Evaluation: Report ³
Special Transportation	CSE or CPSE must identify special transportation needs; must be indicated on the IEP; and billed only on a day that a Medicaid reimbursable service (other than transportation) was delivered, at the rate for each one-way trip	A vendor lawfully authorized to provide transportation services on the date the services are rendered	Transportation logs must be maintained for each one-way trip

¹ Provider licenses, registrations and certifications must be on file prior to submitting claims for Medicaid reimbursement.

² "Services" include evaluations, therapy sessions, medication administration and other skilled nursing services, and special transportation.

³ If the evaluation is used to identify a student's health related needs, it must be reflected in the IEP in order to be Medicaid reimbursable.

⁴ Contemporaneous Session Notes: Providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program [Social Services Law 18 NYCRR Section 504.3(a)]. "Contemporaneous" means as close to the conclusion of the session as practicable.

⁵ Having graduated from a Commission on Accreditation in Physical Therapy Education (CAPTE) approved program.